Health Services
LOS ANGELES COUNTY

June 19, 2007

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

To improve health through leadership, service and education.

www.ladhs.org

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

APPROVAL OF AMENDMENT NO. 1 TO THE FIELD ADMINISTRATION OF STROKE THERAPY-MAGNESIUM TRIAL STUDY MEMORANDUM OF UNDERSTANDING
(All Districts) (3 Votes)

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and instruct the Director of Health Services, or his designee, to execute Amendment No. 1 to the existing Field Administration of Stroke Therapy-Magnesium (FAST-MAG) Trial Study Memorandum of Understanding (MOU), substantially similar to Exhibit I, with The Regents of the University of California on behalf of the University of California at Los Angeles (UCLA), to extend the current MOU term through December 31, 2007, with no net cost to the County.

2. Delegate authority to the Director of Health Services, or his designee, to sign any subsequent amendments to extend the FAST-MAG Trial Study MOU, on substantially similar terms, contingent upon extension of the Department of Health and Human Services National Institutes of Health (NIH) Grant awarded to UCLA, upon review and approval by County Counsel and the Chief Administrative Office, and notification to the Board.

PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTIONS:

The purpose of the recommended actions is to obtain approval to execute an amendment to the existing FAST-MAG Trial Study MOU between UCLA and the Department of Health Services (DHS) Emergency Medical Services (EMS) Agency to extend the County's participation in the federally-funded FAST-MAG trial study whose primary objective is to determine if prehospital treatment with magnesium sulfate administered by paramedics in the field improves the long-term functional outcome of hyperacute stroke patients. The Amendment to the MOU also provides operational changes to allow the parties to modify the research protocol in accordance with Federal regulations and provide a more effective method to oversee the study.

IMPLEMENTATION OF STRATEGIC PLAN GOALS:

These actions support the County's Strategic Plan Goal No. 1 for Service Excellence by enhancing the quality and availability of emergency medical care services countywide.

FISCAL IMPACT/FINANCING:

UCLA is the prime recipient of Grant No. 5 U01 NS044364-04 from the federal Department of Health and Human Services NIH (Attachment B) for the FAST-MAG trial study. DHS does not incur any costs associated with its continued participation in the FAST-MAG trial study.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

On December 14, 2004, the Board approved an MOU with UCLA for participation of EMS in the FAST-MAG trial study. In accordance with California Code of Regulations, Title 22, Division 9, Section 100146, paramedics are authorized to perform any prehospital emergency medical care treatment procedure(s) or administer any medication(s) on a trial basis when approved by the medical director of the local EMS agency.

Under terms of the MOU, paramedics screen all prehospital emergency medical care patients for study entry. Inclusion and exclusion criteria for study participation has been established and included in the FAST-MAG Clinical Trial Protocol developed by UCLA. Inclusion of study participants is subject to the approval of an on-call FAST-MAG physician-investigator, and consent by the patient or his or her authorized representative. The FAST-MAG trial study was set up to fund up to 1,298 patients with acute stroke to be identified in the field by licensed paramedics in Los Angeles County. However, as of February 2007, only 300 subjects had enrolled in the study. Extending the current MOU term will ensure that all potential FAST-MAG trial study patients in Los Angeles County are identified, offered enrollment in the study, and have access to treatment that may improve their long-term functional outcome.

The FAST-MAG Trial Protocols for Enrollment and Consent have been revised to become effective with the proposed extension period. A new section, 3.1, Enrollment by Explicit Informed Consent, outlines requirements for the enrollment of study participants who are competent or who have an on-scene legally authorized representative. Another new section, 3.2, Enrollment in Emergency Circumstances of Non-competent Patients Without Written Informed Consent, outlines requirements for the enrollment of study participants who are non-competent patients without on-scene authorized representatives. The parties are obtaining final approvals as required by federal law for this trial study. To the extent the regulatory authorities require further additions, and to allow for more flexibility for the parties to design and conduct the study to best achieve its outcome, DHS will now be authorized under the Amendment to make further changes to the protocol upon approval by County Counsel.

The current federal NIH Grant for the FAST-MAG trial study expires December 31, 2007. A renewal of the Grant is expected to be awarded to UCLA for a four-year period, effective 2008 through 2012.

Attachments A and B provide additional information.

County Counsel has approved Exhibit I as to use and form.

CONTRACTING PROCESS:

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS):

Approval of this amendment and delegated authority to extend the MOU will enable DHS to continue participating in the FAST-MAG trial study to further evaluate the potential efficacy of intravenous magnesium sulfate administered by paramedics in the field to patients with acute stroke.

When approved, this Department requires three signed copies of the Board's action.

Respectfully submitted,

Bruce A. Chernof, M.D.
Director and Chief Medical Officer

BAC:cc
J:\WP\BLET\BL - FAST MAG.AF.wpd

Attachments (2)

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors
Auditor-Controller
Chair, Emergency Medical Services Commission
Health Care Association of Southern California
State Department of Health Services

ATTACHMENT A

SUMMARY OF MEMORANDUM OF UNDERSTANDING AMENDMENT

1. TYPE OF SERVICE

The Memorandum of Understanding (MOU) Amendment No.1 with The Regents of the University of California will extend the County's participation in the federally-funded Field Administration of Stroke Therapy-Magnesium (FAST-MAG) trial study through December 31, 2007.

2. AGENCY ADDRESS AND CONTACT PERSON

Sandra M. Perez
University of California at Los Angeles
Office of Contract and Grant Administration
FAST-MAG Clinical Trial Center
1072 Gayley Avenue
Los Angeles, California 90024-7325
Telephone : (310) 794-6155
E-mail: SMPerez@mednet.ucla.edu

3. TERM

The term of the MOU Amendment shall be effective July 1, 2007 through December 31, 2007.

4. FINANCIAL INFORMATION

The University of California at Los Angeles is the prime recipient of a grant from the federal Department of Health and Human Services National Institutes of Health for the FAST-MAG trial study. The Department of Health Services does not incur any additional costs associated with their continued participation in the FAST-MAG trial study.

5. PRIMARY GEOGRAPHIC AREA TO BE SERVED

Countywide.

6. APPROVALS

Emergency Medical Services:	Cathy Chidester, Acting Director
Contracts and Grants Division:	Cara O'Neill, Chief
County Counsel:	Edward A. Morrissey, Senior Deputy County Counsel
CAO Budget Unit:	Latisha Thompson

ATTACHMENT B

NOTICE OF GRANT AWARD

RESEARCH PROJECT COOPERATIVE AGREEMENT Issue Date: 03/27/2007

Department of Health and Human Services
National Institutes of Health

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE
****
****

Grant Number: 5 U01 NS044364-04
Principal Investigator: SAVER, JEFFREY L MD
Project Title: Field Administration of Stroke Therapy - Magnesium Trial

GRANT ANALYST
UNIV OF CALIFORNIA
OFC OF CONTRACT/ GRANT ADMIN
10920 WILSHIRE BLVD, STE 1200
LOS ANGELES, CA 900241406
UNITED STATES
Award e-mailed to: NIHAward@resadmin.ucla.edu

Budget Period: 01/01/2007 - 12/31/2007
Project Period: 09/30/2003 - 12/31/2007

Dear Business Official:

The National Institutes of Health hereby awards a grant in the amount of $1,000,000 (see "Award Calculation" in Section I) to UNIVERSITY OF CALIFORNIA LOS ANGELES in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 31 USC 6305 & 6306 and is subject to terms and conditions referenced below. Acceptance of this award including the Terms and Conditions is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

Award recipients are responsible for reporting inventions derived or reduced to practice in the performance of work under this grant. Rights to inventions vest with the grantee organization provided certain requirements are met and there is acknowledgement of NIH support. In addition, recipients must ensure that patent and license activities are consistent with their responsibility to make unique research resources developed under this award available to the scientific community, in accordance with NIH policy. For additional information, please visit http://www.iedison.gov.

If you have any questions about this award, please contact the individual(s) referenced in the information below.

Sincerely yours,

King P. Bond, Jr.

EXHIBIT I

Contract # **H-700794-1**

FIELD ADMINISTRATION OF STROKE THERAPY-MAGNESIUM TRIAL STUDY MEMORANDUM OF UNDERSTANDING

AMENDMENT NO. 1

THIS AMENDMENT is made and entered into this _____ day of _____, 2007,

by and between COUNTY OF LOS ANGELES (hereafter "County"),

and THE REGENTS OF THE UNIVERSITY OF CALIFORNIA (hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled "FIELD ADMINISTRATION OF STROKE THERAPY-MAGNESIUM TRIAL STUDY MEMORANDUM OF UNDERSTANDING", dated December 14, 2004, and further identified as County Memorandum of Understanding No. H-700794 (hereafter referred to as "MOU"); and

WHEREAS, the parties wish to extend the MOU's term for an additional six (6) months, to and including December 31, 2007, subject to the right of either party to terminate and withdraw from the relationship prior to that date, with or without cause, by giving at least sixty (60) calendar days prior written notice thereof to the other party; and

WHEREAS, the parties wish to amend the FAST-MAG Trial Protocol contained in Attachment B of this MOU; and

WHEREAS, MOU provides that changes may be made in the form of a written amendment which is formally approved and executed by the parties; and

NOW, THEREFORE, the parties agree as follows:

1. Paragraph 2, TERM, of MOU shall be deleted in its entirety and replaced with the following:

"This MOU shall commence effective July 1, 2007, and it shall continue in full force and effect to and including December 31, 2007."

2. Subparagraph "A" of Paragraph 4, COOPERATION AND COMPLIANCE, of MOU shall be revised to read as follows:

"A. The EMS Agency and UCLA agree to cooperate with each other for the purpose of conducting the FAST-MAG Trial study in order to meet the requirements outlined under original granting agency in accordance with Grant Number 1 U01 NS 44364, and Grant Number 5 U01 NS044364-04."

3. Paragraph 6, INCORPORATION BY REFERENCE, of MOU shall be revised to read as follows:

"6. The terms and conditions of the grant program legislation and regulations under which the prime grant award was made, the prime grant Notice of Grant Award ("NGA") including all its special terms and conditions, 45 CFR Part 74, are made a part hereof by reference. A copy of

the NGA for the period ending June 30, 2007, is attached as Exhibit A. A copy of the NGA for the period effective July 1, 2007 through December 31, 2007 is attached as Exhibit A-1."

4. Paragraph 14, PRINCIPAL INVESTIGATOR, of MOU, shall be revised to read as follows:

"14. The Medical Director for the EMS Agency, or his designee, shall be the EMS Agency's Principal Investigator and Human Subjects Administrator, and shall be responsible for the performance of the technical and programmatic aspects of this MOU's Scope of Work. The EMS Agency Director shall be responsible for the overall direction of the EMS Agency's participation in the FAST-MAG Trial Study."

5. Paragraph 16, AMENDMENT, of MOU, shall be revised to read as follows:

"16. This MOU shall not be modified, amended, or waived, whether in whole or in part, except by mutual agreement. Except as set forth in Exhibit B, said modifications shall be in the form of a duly executed amendment to this MOU."

6. Paragraph 20, ADMINISTRATIVE AND TECHNICAL CONTACTS, of MOU, shall be deleted in its entirety and replaced with the following:

"TECHNICAL

UCLA:
Jeffrey L. Saver, MD
1072 Gayley Avenue
Los Angeles, CA 90024-1769
PHONE: 310-794-6108
FAX: 310-794-6104
EMAIL: jsaver@ucla.edu

EMS AGENCY:
William Koenig, MD
5555 Ferguson Drive, Suite 220
Los Angeles, CA 90022
PHONE: 323-890-7547
FAX: 323-890-8528
EMAIL: wkoenig@ladhs.org

ADMINISTRATIVE

UCLA:
Sharon Lam
Office of Contract and
Grant Administration
10920 Wilshire Boulevard,
Suite 1200
Los Angeles, CA 90024-1406
PHONE: 310-794-3596
FAX: 310-794-0631
EMAIL: slam@resadmin.ucla.edu"

EMS AGENCY:
Cathy Chidester, Acting Director
Emergency Medical Services Agency
5555 Ferguson Drive, Suite 220
Commerce, CA 90022
PHONE: 323-890-7545
FAX: 323-890-8536
EMAIL: cchidester@ladhs.org

7. The first paragraph of Exhibit B, STATEMENT OF WORK, of MOU shall be revised to read as follows:

"The parties acknowledge that Contractor is the prime recipient of the grant from the Department of Health & Human Services for funding of the FAST-MAG Trial and, as such, is generally responsible for performing all activities in accordance with the FAST-MAG Trial Protocol, attached hereto as Attachment B. The parties may agree to modify Attachment B, FAST-MAG Trial Protocol, from time to time as necessary for the proper conduct of the FAST-MAG Trial. In accordance with terms of the MOU, the parties shall be responsible for obtaining all necessary approvals to such modifications,

including without limitation all appropriate Federal and IRB approvals. Any such modifications to the FAST-MAG Trial Protocol shall not require execution of a formal amendment, but shall be approved in writing by the technical and administrative representatives of both parties as identified in Section 20 of the MOU. Prior to written approval by its representatives, DHS shall also obtain approval from County Counsel as to form for such modifications. However, the parties have specifically set forth the following certain responsibilities of the Contractor and the County:"

8. Attachment B, FAST-MAG TRIAL PROTOCOL, of Exhibit B, STATEMENT OF WORK, Section 3, Enrollment and Consent, shall be revised, and Section 3.1, Enrollment by Explicit Informed Consent, and Section 3.2, Enrollment in Emergency Circumstances of Non-competent Patients without Written Informed Consent, shall be added to read as follows:

"3. Enrollment and Consent

After initial patient contact and assessment, paramedics will contact the on-call FAST-MAG physician-investigator using an in-vehicle FAST-MAG cellular phone. By phone, the physician-investigator will review the patient's relevant medical history and current clinical condition with the paramedics and the patient. The physician-investigator

will verify the diagnosis of acute stroke and determine eligibility for study entry according to inclusion and exclusion criteria above.

3.1 Enrollment by Explicit Informed Consent

Study participants who are competent or who have an on-scene legally authorized representative will be enrolled employing explicit consent procedures. The consent provider will be the patient if he or she is competent and the patient's on scene legally authorized representative if the patient is not competent. Each rescue vehicle will carry study informed consent forms, and these will be handed to the consent provider. The physician-investigator will discuss the study by phone with the consent provider. Once informed consent is obtained, the physician-investigator will authorize study drug administration. IRB approval for the study will be obtained from all participating receiving hospitals, and the consent form approved by the salient receiving hospital IRB will be employed in study enrollment.

3.2 Enrollment in Emergency Circumstances of Non-competent Patients without Written Informed Consent

For non-competent patients without on-scene legally authorized representatives, the consent process will utilize enrollment in emergency circumstances of non-competent

patients without written informed consent, under FDA regulation 21 CFR 50.24 and the parallel California statute, CA Health and Safety Code Section 24178. For life-threatening conditions in which rapid treatment is critical, such as stroke, these regulations permit initial enrollment and treatment without explicit written informed consent from a patient or legally authorized representative.

As directed by FDA regulations, representatives of the communities in which the research will be conducted and from which the subjects will be drawn will be consulted before research begins, and all plans for the research, its risks, and expected benefits will be publicly disclosed. These requirements will be performed by extensive public education conferences, newspaper advertisements, and mailings.

The requirements of consultation with and public disclosure to the community prior to initiation of the clinical investigation will be met by two processes: a Countywide process, and a local site catchment area process Countywide: Participating sites in this study are all located in the County of Los Angeles. A general Community Advisory Committee will be convened to represent the County broadly. This panel will have seven (7) to ten (10) members and include representatives of the Southern California

Stroke Association, the Los Angeles elderly (e.g. AARP representative), the Hispanic community (e.g. National Association of Hispanic Elderly representative), the African-American community (e.g. the NAACP), and a stroke survivor. The Committee will review the study broadly from a multisite Los Angeles perspective.

Individual site catchment areas: In each participating site catchment area, a public meeting will be held at which the Investigators will explain plans for the investigation and its risks and benefits. Representatives of the site's IRB will be invited to attend, participate in, or supervise this meeting. In addition, advertisements describing the study will be placed in local newspapers. Members of the local press will be contacted and asked to report stories on the planned study, interviewing the investigators. Members of the UCLA Stroke Force will distribute flyers describing the planned study when giving educational presentations to elderly community groups on stroke symptoms in the catchment area. The UCLA Stroke Force, founded and supervised by one of the Investigators, Dr. Starkman, is a corps of forty (40) UCLA undergraduates who regularly give presentations at community centers, retirement homes, and adult-education sites to educate the public on general stroke awareness.

The requirements for public disclosure to the community of the results of the investigation will be met by reporting the results to the Countywide Community Advisory Committee and by holding fifteen (15) regional public meetings geographically embracing all participating sites at which the Investigators will explain the results of the investigation. Representatives of the the local IRBs will be invited to attend, participate in, or supervise this meeting. In addition, advertisements describing the study results will be placed in local newspapers. Members of the local press will be contacted and asked to report stories on the study findings, interviewing the investigators. Members of the UCLA Stroke Force will distribute flyers describing the study results when giving educational presentations to elderly community groups on stroke symptoms.

As required by the FDA regulations, the investigators will summarize efforts made to contact legally authorized representatives in each case, and make this information available to the local IRB at the time of continuing review.

Among enrolled patients, the following procedures will be utilized to inform, at the earliest feasible opportunity, each subject, or if the subject remains incapacitated, a legally authorized representative of the subject, or if such

a representative is not reasonably available, a family member, of the subject's inclusion in the clinical investigation, the details of the investigation, and other information contained in the informed consent document. At the time of enrollment, the physician-investigator who enrolls the patient in the field will speak immediately to any on scene legally authorized representative, or if such a representative is not reasonably available, any on scene family member. A physician-investigator or study nurse coordinator will interview and examine the patient upon arrival in the Emergency Department (ED). During this encounter, the physician-investigator or study nurse coordinator will continue efforts to identify and contact a legally authorized representative and family members. The physician-investigator and study coordinator will continue these efforts throughout the duration of the study. As soon as a legally authorized representative or a family member has been contacted, the physician-investigator will inform him or her of the subject's inclusion in the clinical investigation, the details of the investigation, and other information contained in the informed consent document; and that the subject's participation in the study may be discontinued at any time without penalty or loss of benefits

to which the subject is otherwise entitled.

A physician-investigator of nurse coordinator will examine the patient at ED arrival, twenty-four (24), forty-eight (48), and ninety-six (96) hours, thirty (30) days, and ninety (90) days after hospital arrival. If the exam demonstrates that the subject's condition has improved and the patient has regained competency the physician-investigator will inform the subject of his or her inclusion in the clinical investigation, the details of the investigation, and other information contained in the informed consent document; and that the subject's participation in the study may be discontinued at any time without penalty or loss of benefits to which the subject is otherwise entitled.

If the subject is entered into the study with waived consent and dies before the subject's legally authorized representative or family member can be contacted, the physician-investigator and study coordinator will continue efforts to identify the subject's legally authorized representative or a family member, working with hospital administration, the coroner's office, and other appropriate personnel. Once the legally authorized representative or family member is identified and contacted, the physician-

investigator will discuss with them the essential elements of the clinical investigation."

9. Attachment B, FAST-MAG TRIAL PROTOCOL, Section 6.11, Serious Adverse Events, of Exhibit B, STATEMENT OF WORK, shall be deleted in its entirety and replaced with the following:

"6.11 Serious Adverse Events

Serious adverse events (SAEs) will be identified at every scheduled follow-up point by study site investigators and study nurses. A serious adverse event is one that is fatal or life-threatening, is permanently or substantially disabling, requires or prolongs hospitalization, or is a congenital anomaly (Code of Federal Regulations, Title 21, Chapter ID, Part 312.32).

In accordance with FDA regulations, the Clinical Coordinating Center shall notify FDA and all participating site principal investigators in a written IND safety report of any unexpected serious adverse event for which there is a reasonable possibility that the experience may haven been caused by the drug.

All SAEs should be reported to the FAST-MAG Clinical Coordinating Center Study Monitor by telephone, fax, or email within twenty-four (24) hours of detection. At the time of the initial report, the site will provide the

following: study ambulance and/or study hospital, patient number, description of the event, date of onset, current patient status, start date of treatment, whether treatment was discontinued, and if the study blind was broken for the patient, the reason why the event is classified as serious, and the Site Principal Investigator's (or his/her designated site Co-Investigator in the event the site PI is not available) current assessment of the association between the event and study treatment. Each SAE will be reviewed independently by the Clinical Coordinating Center SAE Review Committee and by the independent Medical Safety Monitor (Steven Levine, MD, Professor of Neurology at Mount Sinai Medical School, New York). When the local Site Investigator, the CCC SAE Review Committee, or the Medical Safety Monitor determine that an unexpected fatal or life-threatening experience was possibly, probably, or definitely related to the study drug, the Clinical Coordinating Center will notify the Food and Drug Administration and all site PIs as soon as possible and in no event later than seven (7) calendar days of the CCC's initial receipt of information. After this first report, significant new information regarding evolution of a serious adverse event will be reported promptly to the local site PIs and to the FDA.

Tabulated reports on studywide SAEs will be generated by the Data Management Center and reviewed at regular intervals (determined by the NIH-appointed Data Safety and Monitoring Board) by the Dr. David Sherman, Chair of the NIH-appointed Data Safety and Monitoring Board, and by Dr. Levine, the independent safety monitor.

Each local site principal investigator is responsible for following the policies of the local Institutional Review Board in reporting adverse events to the local IRB.

Any patient who experiences an adverse event may be withdrawn at any time from the study at the discretion of the investigator. If the investigator considers that knowledge of the treatment given in the study is necessary for management of the adverse event, the treatment code may be broken for that patient only."

10. Except for the changes set forth hereinabove, the wording of MOU shall not be changed in any respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this MOU to be subscribed by its

/

/

/

Director of Health Services and Contractor has caused this MOU to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Bruce A. Chernof, M.D.
Director and Chief Medical Officer

THE REGENTS OF THE
UNIVERSITY OF CALIFORNIA
Contractor

By _____
Signature

_____
Printed Name

_____
Title

_____
Date

(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM:
BY THE OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Health Services

By_____
Cara O'Neill, Chief
Contracts and Grants Division

********** NOTICE OF GRANT AWARD **********

RESEARCH PROJECT COOPERATIVE AGREEMENT Issue Date:03/27/2007

Department of Health and Human Services
National Institutes of Health

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE
****

Grant Number: 5 U01 NS044364-04
Principal Investigator: SAVER, JEFFREY L MD
Project Title: Field Administration of Stroke Therapy - Magnesium Trial

GRANT ANALYST
UNIV OF CALIFORNIA
OFC OF CONTRACT/ GRANT ADMIN
10920 WILSHIRE BLVD, STE 1200
LOS ANGELES, CA 900241406
UNITED STATES
Award e-mailed to: NIHAward@resadmin.ucla.edu

Budget Period: 01/01/2007 - 12/31/2007
Project Period: 09/30/2003 - 12/31/2007

Dear Business Official:

The National Institutes of Health hereby awards a grant in the amount of $1,000,000(see "Award Calculation" in Section I) to UNIVERSITY OF CALIFORNIA LOS ANGELES in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 31 USC 6305 & 6306 and is subject to terms and conditions referenced below.
Acceptance of this award including the Terms and Conditions is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

Award recipients are responsible for reporting inventions derived or reduced to practice in the performance of work under this grant. Rights to inventions vest with the grantee organization provided certain requirements are met and there is acknowledgement of NIH support. In addition, recipients must ensure that patent and license activities are consistent with their responsibility to make unique research resources developed under this award available to the scientific community, in accordance with NIH policy. For additional information, please visit http://www.iedison.gov.

If you have any questions about this award, please contact the individual(s) referenced in the information below.

Sincerely yours,

King P. Bond, Jr.